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ABSTRACT

Rehabilitation facility personnel are those persons who design programs and facilities for the occupational or educational rehabilitation of persons with physical disabilities. New directions in the training of rehabilitation facility personnel should stress innovative or experimental approaches of a variety of types at the undergraduate level. Among these approaches, three are given consideration in this paper. Part I discusses the recognition and understanding of the importance of integrity groups and the strength obtained from peer groups in the habilitation and rehabilitation of the severely disabled from poverty areas, addictive categories, spinal cord injuries, deafness, and blindness, with special reference to the younger disabled on junior high school levels. Part II discusses the use of the workshop or center as an appropriate environment and an essential partner of the campus and the university or college with whom it has signed an agreement. Part III takes into consideration responsiveness to multiple approaches to the education and training of rehabilitation facility personnel such as classroom instruction, orientation of university and college faculty to the rehabilitation process, fieldwork or clinical experiences, research undertakings, and the orientation of business and industry to responsibility in educational involvement with the placement process. (Author/HS)

New Dimensions in Training Rehabilitation Facility Personnel

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SPECIAL REPORT

1972-1

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July 18, 1972

TO : STATE REHABILITATION AGENCIES (GENERAL)
STATE REHABILITATION AGENCIES (BLIND)
STATE AGENCIES FOR DEVELOPMENTAL DISABILITIES

SUBJECT: SPECIAL REPORT 1972-1: NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

CONTENT: SPECIAL REPORT 1972-1 has been so designated because it is intended as the first of a series. Included in this publication are the presentations from a panel discussion on "New Directions in Training Facility Personnel," and a report of an in-service training project, all presented at the Third Annual Conference of the International Association of Rehabilitation Facilities, Chicago, Illinois, May 7 - 10, 197[illegible]. The second publication to be developed from the conference will be available in the near future.

The presentations included in this publication represent not only a diversity of viewpoint, not just a theoretical approach, but the actual experiences of the participants in the training of facility personnel. In these pages there are references to such innovative rehabilitation service and professional training approaches as the utilization of the "integrity group;" the "open" university without encompassing walls; classes in rehabilitation facilities for formal credit hours; and the proposed partnership between the facility and the university for training and degree granting for rehabilitation facility personnel.

This increased utilization of the potential educational resources of the rehabilitation facility represents a new emphasis by the Rehabilitation Services Administration. It is hoped that this publication will encourage the continued initiation of more innovative facility-university-community projects during the decade of the Seventies.

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James Kelly, Deputy
Commissioner
Rehabilitation Services
Administration

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SPECIAL REPORT
1972-1

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

presented at

3rd Annual Conference
of
International Association
of
Rehabilitation Facilities

Chicago, Illinois
May 7 - 10, 1972

U.S. DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE
SOCIAL AND REHABILITATION SERVICE
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NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

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NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

The Pacesetter's View

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Introduction

New directions in the training of rehabilitation facility personnel should stress innovative or experimental approaches of a variety of types at the undergraduate level. Among these approaches, three will be given consideration in this paper:

I. Integrity groups-recognition and understanding of their importance in modified form-the strength obtained from peer groups in the habilitation and rehabilitation of the severely disabled from poverty areas, addictive categories, spinal cord injuries, deafness, blindness, with special relevance to the younger disabled on junior high levels; II. The use of the workshop or center as an appropriate environment and an essential partner of the campus and the university or college with whom it has signed an agreement; and III. Responsiveness to multiple approaches to the education and training of rehabilitation facility personnel such as classroom instruction, orientation of university and college faculty to the rehabilitation process, fieldwork or clinical experiences, research undertakings, and the orientation of business and industry to responsibility in educational involvement with the placement process.

I. Integrity Groups

The decade of the seventies could become known for small groups becoming one of the major innovative drives within rehabilitation facilities. The drive with which the work sample was demonstrated during the fifties and sixties within workshops and centers has now resulted in its professional consideration and a role of dignity. For example, Monday afternoon's program at this conference lists four "approaches" representing divergent concepts in work sample assessment: TOWER, Isolate Trait, Worker Trait, and Worker Aptitude. One implication stands out clearly--the rich resource not yet tapped to obtain an individualized socio-vocational glimpse of the severely disabled individual within a small group approach.

The small group has yet to emerge as an integral part of the rehabilitation process within rehabilitation facilities. Articles involving approaches to

small groups within workshops are infreqent in the rehabilitation literature. Presentation of integrity groups in this paper--even in modified form--as a new direction in training rehabilitation facility personnel seeks to establish a conceptualization of the activity group rather than a focus on group psychotherapeutic treatment. The group activity is based generally on the seriousness, enthusiasm and determinism which the movement of small groups has produced such as with alcoholics (AA). Again, this activity is in such rehabilitation movements as are represented by Synanon Foundation on the West Coast, Daytop Village on the East Coast, Gateway Houses in Chicago, and the broad vocationally oriented group approaches of Fountain House in New York City.

O. Hobart Mowrer has discovered that the integrity group as pioneered by AA has blazed a trail that has been followed by other groups and organizations whose objective is personality change and social integration. Mowrer spells out three fundamental principles on which integrity groups are predicated: honesty, responsibility and involvement.[1]

Peckham refers to the "cluster process" as one in which group record taking, group medical examinations, and even group job placement can be achieved with both clients and workers accomplishing "shared success." He refers to the use, incidentally, of the indigenous worker in this regard--not to the professionally trained undergraduate--even graduate--person.[2]

The National Industrial Conference Board Public Affairs Study sees great strength coming from peer group relationships during a shared assessment and evaluation experience:

> "Job Corps has just scratched the surface in using group interaction to understand and promote the hard-core individual's wise use of the alternatives available..the 'drive' to work...is ignited by the experience of peer group support." [3]

Groups range in size and degree of intimacy from a family to a society. But generally, a group in this presentation is considered as a plurality

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1 Mowrer, O. Hobart. Integrity Groups: Principles and Procedures. The Counseling Psychologist, 1972, III, No. 2, p. 10.

2 Peckham, Ralf. Four New Approaches to the Ghetto Client. Rehabilitation Record, May-June 1969, 30-31.

3 National Industrial Conference Board. Education, Training, and Employment of the Disadvantaged, New York, New York: Public Affairs Study No. 4, National Industrial Conference Board, 1969.

of persons who have a common identity, and some feeling of unity. The small group within the rehabilitation facility has certain common goals and shared norms. Coming into the workshop or center, the group maintains some degree of interdependence among its members. Such groups are unibonded rather than multibonded. The latter are united by more than one tie, while the unibonded are united by a common interest or purpose. Sorokin notes that the unibonded group members are characterized by specificity, or a limited range of rights and obligations.[4] The integrity group process is concerned with self-change rather than directly focused on changing others such as in psychotherapy or behavior modification. The integrity group is especially suitable for inclusion within the rehabilitation process since its major essence could be defined as a mutual help process, or a peer group model.

A word of caution--avoid any attempt to define the game rules of the small group so inflexibly that any group member asked to leave feels that he has fallen from grace. Any religiosity encompassing an approach to the formation of the integrity group within the rehabilitation facility may provide more rigidity than acceptance as the nature of the group's environment.

Perhaps one of the drawbacks of the material by Mowrer as described in his recent publication is the implication that religion is involved. No matter how the explanation is stated concerning his use of the term "religious," the very use of the word may confuse those who follow far too closely Mowrer's principles and basic formulations. To him, the word "religion" is defined in its Latin source--meaning "re-connectio." Mowrer states as follows:

> "...in Integrity Groups and in the rehabilitation communties cited (Synanon, Daytop Lodge, etc.), that's our main business: helping lonely, frightened, alienated persons to be converted (turned-with) to "join-up," "plug-in," become socially integrated, reconciled, reconnected, fully and truly. Thus religion in its literal sense--and that is the sense in which we use it--has no necessary relationship with theology, which means "the discussion of God."[5]

This first (integrity group) of three considerations for new directions in training rehabilitation facility personnel is not only in part related to

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4 Sorokin, Pitrim. Society, Culture and Personality. New York, New York: Harper and Row, 1969.

See also: Theodorson, George A. and Theodorson Achilles G. A Modern Dictionary of Sociology. New York, New York: Thomas Y. Crowell, 1969.

5 Mowrer, p. 11

pending legislation such as the Vocational Rehabilitation Act, Allied Services Act, and the Welfare Reform Act. Rehabilitation facilities must prepare innovative rehabilitation processes which can then be legislatively implemented. Legislation provides base line guides and a general background for the rehabilitation process. The capability of the rehabilitation facility to accept the challenge of new legislation which includes such specifics as individualized assessment and evaluation for all disabled welfare referrals who may be potential candidates for rehabilitation, either vocationally or from a productive activity standpoint, must precede even the thought process behind the writing of such legislation. Especially is this capability currently at stake in the rehabilitation/credibility of the addictive diagnostic areas such as alcoholism and drug abuse.

As yet, the small group process, whether a flexible acceptance of the integrity group is the particular form to be utilized or others, has not become part of the conceptualization of severely disabled client program needs. The one to one relationship continues educationally to cloud the new directions needed to train rehabilitation facility personnel in the small group process.

II. The Facility as Educational Co-Partner in the Training Process

Can an educationally sleepy rehabilitation facility find love and happiness in a marriage with a vigorous, aggressive, college or university? Is it possible for professionally gowned campus academia to enter into a signed agreement with a community focused, activity geared, polyglot trained team within a sheltered workshop? What dowry arrangements might be considered? Where are the models of a co-partnership arrangement between the rehabilitation town and gown components?

Currently, there is far too much educational stasis within rehabilitation facilities. And by educational stasis (Greek work for "halt"), I refer to the stagnation of a normal flow of developmental programmatic arrangements between the campus and the facility. If the only educational arrangement made with the university is an informal telephone communication involving a field experience that may be neither enlightening nor productive, "educational stasis" is occurring.

At one extreme, as already noted, there is the use of the facility by the university as a fieldwork experience, usually at the end of the undergraduate or graduate student's training program. This fieldwork experience can range from one semester or one quarter of time at the facility to a graduated series of experiences. A very few university programs maintain conourrent fieldwork experiences of some nature and duration continuously throughout the program.

But at the other extreme lie the new directions in training rehabilitation facility personnel. The rehabilitation facility becomes the campus, and the university provides what is necessary to bulwark the practical experiences with concepts and philosophy.

Course content, whenever possible, should be taught at the facility. Space for classrooms, resource libraries, individual and group activity sessions and multi-media approaches to audio-visual techniques should be made available. Additions to old or construction of new buildings would make possible the educational responsibilities of workshops and centers. The new building at the Woodrow Wilson Rehabilitation Center focuses on seminar and classroom space, and will provide for an extended rehabilitation library archives. It will be called the Mary E. Switzer Building and will contain almost all of her personal honors and professional papers.

Educational classroom instruction will enable current and future facilities to present a new image of themselves to the community. Rather than have special workshops conducted in hotel and motel settings, educational space allocation should bring the campus to "where the action is" -- the facility.

The new look in college experience is to do away with constraining walls. The Open University of Great Britain attempts to provide a college without

walls that makes extensive use of radio and television to reach its students. It will premiere in the United States next fall for a limited run at Rutgers University and three other institutions yet to be announced. They will use multi-media materials developed by the Open University in a one year experiment to determine if the British teaching materials and methods can be used successfully in the United States.

In recent article by Tyrrell Burgess, he ponders whether the experiment of the open university has achieved its objectives. His argument is that it has failed in its founder's objectives, and appears to have none of its own. This year's admissions came to about 19,000 students--eighteen per cent of whom are taking two courses. For 1973, more than 20,000 people have applied to study, and there are still two months to go for applications. 6

There is a vital need to achieve partnership arrangements between more "open" universities and rehabilitation facilities. The rehabilitation process itself, geared to unique approaches to the evaluation of the severely disabled individual, must be experienced by students as well as faculty before that process can be taught with appropriate relevance to the total curriculum. The generalization concept underlying all transfer of training can accomplish just so much, but in rehabilitation training programs the teaching process itself should occur in the rehabilitation facility. The variety of rehabilitation facility personnel roles and functions need to be taught in the facility rather than on the campus. Evidence points to the need for considerable post entry "re-training" of rehabilitation counselor trained personnel from the university campus. There is need for the evaluation of ongoing rehabilitation education training programs that have existed for the past seventeen years without much review or assessment. While evaluation of such programs will provide some of the answers to new directions, there is now an unusually good opportunity for rehabilitation facilities to think creatively with open universities and colleges in the development of innovative partnerships for training personnel to meet the needs of the severely disabled individual.

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6 Burgess, Tyrell. The Open University. The New Society, April 27, 1972, 176 - 178.

III. Multiple Approaches to the Educational Process

How much of the rehabilitation process itself should trainees undergo in new directions for curriculum content within facility cum campus programs? As in the training of mobility instructors for the blind who themselves are able to function properly with different techniques, how can rehabilitation facilities afford those experiences that cannot be duplicated on most university campuses? Is there any way that much of the training within the workshop or center could involve the trainee as a participant-observer? Could all the facility activities be considered part of the educational experience, including an understanding of the role and function of board members--the relationship of the facility to other community organizations--the use of volunteers?

What is being proposed here for facility responsibility as an educational organization, is the development of courses unique to and representative of the rehabilitation process. Rather than only a simple shift of such courses as Psychology I or Sociology I from the campus to classroom space in the rehabilitation facility, the new partnership should develop Psychology I or Sociology I course content that would make these introductory courses relevant to their new environment. In addition, any new courses that both the university and facility would see as necessary for curriculum and program development could in time be made part of the new directions.

Multiple approaches to the educational process should include the use of the rehabilitation facility for research purposes which in themselves could improve or expand services to the severely disabled individual. Research projects simply to fatten the overburdened weight of professional journals or merely for the professional increment of the researcher are questionably undertaken within busy rehabilitation facilities. Research should be encouraged that would expand the social and vocational horizons of the severely disabled, and bring business and industry into a closer relationship with the facility.

Alternative approaches to service within the facility should be a part of the trainees' introduction to and understanding of the rehabilitation process. How explainable is it to the disabled individual that he will be in a "holding" status until the results are received of his initial interviews and tests in two or three weeks? Is there some way for the client to perceive that on the day he enters the facility, he received service with a minimal amount of waiting? As a result he could then return home to discuss with family and friends the excitement of immediate planning for the future.

All of what is being said here relates directly to the type of rehabilitation training that can be included in either workshop or center classrooms, or in the practical fieldwork experience. Especially should an

increasing awareness be provided rehabilitation personnel trainees of what can and should be expected from services within a rehabilitation facility that has entered into an educational partnership with a university.

Summary

Opportunities exist for workshops and centers to engage in new directions to train rehabilitation facility personnel. The relevant reality environments of facilities lend themselves to the modified use of the integrity group process as a new thrust in training programs. These expanded alternative service approaches are especially appropriate for the severely disabled individual with addictive problems. Educational partnerships between facilities and campus institutions should afford a major shift from "gown to town" in training emphases within the decade of the seventies. Moreover, the concept of a facility should include the State DVR district or field office as well as the expanding half-way house movement.

There is a new look to the educational responsibility of the rehabilitation facility. It's a broader and deeper look, for the facility of tomorrow has no walls except those of the open university on one side, and those of alternate service systems within the community on the other.

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

The University View: An Experimental Approach

By George E. Ayers, Ed.D.
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It is apparent that we need to eradicate the antiquated methods of preparing rehabilitation facility personnel and devise new, innovative and experimental approaches to their preparation. I shall present an experimental approach at the university undergraduate level which represents a new dimension in training rehabilitation facility personnel.

Dr. Usdane has suggested some approaches which necessitate our consideration, such as his concept of "integrity groups." Although this concept has been in our midst for years, the utilization of it in facilitating the adjustment of the handicapped and disadvantaged/disabled has not been exploited. Numerous studies indicate that peer group influence significantly affects the behavioral adjustment of individuals. For example, a recent study by Wilderson of factors influencing the educational achievement of disadvantaged children in slum areas revealed that the peer group was one of the most significant forces effecting educational achievement, personal-social development, and the development of self-confidence.[1]

One of the reasons we haven't utilized this concept is that we have become conditioned to rehabilitation as an individual process. However, we are beginning to realize that the group process can be utilized as an effective vehicle for rehabilitating the handicapped and disadvantaged/disabled. As I indicated in a previous article:

> "...The group itself is a therapeutic instrument. It provides a new, accepting, and supporting reference group for its members where: (1) new feelings of independence and responsibility can be developed; (2) old values and models of behavior can be reexamined, reevaluated, and changed, if desired; (3) bias and unrealistic perceptions may be subjected to reality testing in the group; and (4) feelings of self-confidence and self-worth may be enhanced by group acceptance."[2]

1 Wilderson, Frank B. Minority Pupil Schooling Criticized. The Minneapolis Tribune, July 18, 1969.

2 Ayers, G.E. Counseling in work adjustment programs. Journal of Rehabilitation. 1971, 37:4, 31-33.

Dr. Usdane also advocated the use of the rehabilitation center as an appropriate environment and an essential partner of the college or university in preparing rehabilitation personnel. However, there are two factors which may hinder the development of cooperative training programs between colleges and universities and rehabilitation facilities. First, rehabilitation facilities themselves have not fully realized the significant role they can play in training professional and support personnel in rehabilitation.

The second barrier, constituting a basis for what Dr. Usdane describes as "educational stasis," that hinders the development of cooperative training programs is a set of assumptions about education. An attitude exists in our society that all education has to take place within the confines of an academic institution which possesses the accepted structural characteristics and that the probabilities are then high that good education will take place. Further, it is assumed that only college and university faculty with Ph.D.'s, or exceptional qualifications as indicated by their achievement in formal educational settings, can teach.

The Newman Report on Higher Education and the Carnegie Report have both leveled criticism at the traditional and archaic philosophies and policies that govern the operation of academic institutions in the U.S. Both reports have questioned the perpetuation of the elitist attitude permeating many of these structures and their academic credibility as well. Both reports strongly urge the need to modify the philosophical and operational procedures by which most of our academic institutions operate.[3]

A number of leading educators have supported the need for revolutionary changes in higher education and have initiated exciting new educational programs. Their interest, commitment, and involvement in precipitating and facilitating educational changes have been supported by many of the national accrediting associations. For instance, a recent North Central Accrediting Association report indicated that the distinction between formal education through which specific credit is given, and informal education which carries no external recognition, is breaking down. Through a variety of means students are earning "credits" for informal, non-structured, and frequently self-guided activities. Educational institutions are starting to collaborate with non-educational institutions in providing a wide range of significant experiences leading to degrees.

In the State of Minnesota we have created a new educational institution -- Minnesota Metropolitan State College (MMSC) to deal with salient issues

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3 Carnegie Commission on Higher Education. Less Time, More Options: Education Beyond the High School. New York, New York: McGraw-Hill, 1970.

U.S. Department of Health Education and Welfare, Office of Education, Task Force on Higher Education. Report on Higher Education. Washington, D.C: U.S. Government Printing Office, 1971. (Newman Report)

raised by the Newman Report on Higher Education -- the need to restructure higher education in the creation of new institutions to meet needs not being met by traditional institutions for people outside the educational mainstream. Established by the 1971 Legislature to serve Twin Cities metropolitan residents, this college, with an innovative, urban-oriented approach to education, intends to meet needs in ways untried by other area institutions of higher learning or by its six sister state colleges.

MMSC has no central or formal campus. It is utilizing unused or under-used facilities readily available through the seven county metropolitan area: libraries, community centers, factories, parks, churches, schools and offices.

The major portion of the MMSC faculty consists of people with full-time responsibilities unconnected with the college -- business and professional leaders, social service workers, housewives -- people not necessarily with conventional academic credentials but possessing knowledge, insights, and experience to which students respond. Instead of a faculty whose members have devoted all their adult years to academic life, students are exposed to a "community faculty" made up of individuals who currently live and work successfully in the settings in which most of the students will be functioning for the rest of their lives. The college also has a core of full-time faculty members who do possess the traditional academic credentials, i.e., an earned doctorate and significant teaching experience.

Primarily an upper level college (junior and senior year), MMSC is drawing its students in large part from among the 800,00 to 900,00 persons in the seven county Twin City metropolitan area without college degrees currently working or maintaining a home full-time. These include transfer students from the area junior colleges and vocational-technical schools, adults who have dropped out of college and have the desire to complete degrees, and adults with the equivalent of the first two years of college through work or other experience.

As the major partner in the design of his own education, each student -- with the aid of his advisor -- negotiates an educational contract with the college that sets forth his educational goals, the teaching-learning situations he will utilize, including heavy emphasis on internships, on-the-job experience, individual study, and similar non-classroom activities. MMSC offers no conventional courses or grading systems. Degrees are awarded on the basis of competence, not on the basis of hours in class and credits.

At MMSC all graduates receive a Bachelor of Arts degree in Urban Liberal studies. Each student includes in his/her educational contract with the college the development of competencies in the following areas:

Basic Learning and Communications
Civic Involvement
Leisure and Recreation
Personal Growth and Assessment

These areas include the study of economics, politics, art, history, science, philosophy, anthropology, sociology, ecology, recreation, leisure, communications, geography and mathematics as it relates to life and work in the cities.

Many students also include in their educational contract the development of a vocational or professional competence. The two major professional and vocational study areas presently offered are Administration and Human Services.

The curriculum is divided into Public and Private Administration. The public sector includes preparation for careers in Federal, State and local government agencies, particularly in fields such as urban planning, mass transportation, recreation, budget and finance, and personnel management. The private sector includes both business administration and administration in labor organizations, arts management, and the direction of community service organizations. It will focus on accounting, marketing, finance, personnel management, labor relations, and small business management.

The curriculum in Human Services is related to careers in four major areas -- Social Services (care for the aged, social work, corrections and law enforcement), Rehabilitation Services (vocational evaluation, rehabilitation case management), Health Services (day care centers, mental health and allied health), Educational Services (ethnic studies, vocational-technical education, urban studies).

Among all of the major program areas in Human Services there should be a common core of knowledge which should include content from both professional and liberal studies. With reference to professional studies, we offer learning units based on the expectation that all graduates in Human Services achieve basic competencies (skills, attitudes, and understanding) in many areas. They include "Orientation to Human Services," "Consumer Issues and Problems," "Public Policy in Human Service," "Urban Institutions in the Delivery of Human Services," "Public Policy and Attitudes," and "Preventive Approaches to Human Services."

MMSC has designed an innovative curriculum for the provision of professional training in rehabilitation to students at the undergraduate level (junior and senior year). The units of study and practica (field work) experiences enable a student to gain an understanding of the philosophy, history, and legal aspects of rehabilitation; nature and use of community resources in rehabilitating the handicapped and disadvantaged/disabled; principles and techniques of interviewing; psycho-social-medical aspects of disability, including the effects of major disabling conditions and their treatment; theories and procedures for using occupational information in the facilitation of vocational development in rehabilitation outcomes; principles of vocational placement; case recording and reporting; and skills in communication and problem solving. In order to facilitate the integration

of theory and practice, and develop the necessary competencies for rehabilitating the handicapped and disadvantaged/disabled, practica are provided to all students in interviewing, assessment, occupational information, utilization of community resources, and vocational placement. Students have the opportunity to work in a wide variety of settings which may include rehabilitation facilities, institutions for the mentally retarded and mentally ill, correctional institutions, and state and private rehabilitation agencies. The practica constitutes the major portion of the curriculum and extends throughout the academic program sequence.

MMSC also offers six units of study in rehabilitation service to help students fulfill their vocational competency requirement for a Bachelor of Arts degree. It should be clearly understood that these units are conceptually but not operationally distinct components. The student will be involved in each of the units from the day of admission to graduation. The six units of study which will constitute the core curriculum in rehabilitation services education include: "Orientation to Rehabilitation and Related Services," "Interviewing in Rehabilitation: Principles and Practice," "Psycho-Social-Medical Factors in Rehabilitation," "Community Resources in Rehabilitation," "Career Development for the Handicapped and Disadvantaged/Disabled," and "Supervised Practica in Rehabilitation and Related Services."

The student has access to other MMSC learning resources in developing competencies in basic learning skills, civic involvement, leisure and recreation, personal growth and assessment. It is conceivable that some of these competencies will be fulfilled via the development of his vocational competencies. The student also has access to innumerable learning resources in the Administration curricular area.

During the past year we have conducted a training project for new careerists in cooperation with the Minnesota Division of Vocational Rehabilitation. All of the concepts previously mentioned have been tested, particularly the core curriculum in rehabilitation services. MMSC has offered five learning units utilizing a variety of instructional formats, professional rehabilitation workers as faculty, and many rehabilitation facilities as the learning laboratories. In fact, all instructional aspects of the project are carried out in community facilities which include the Minnesota Division of Vocational Rehabilitation, State Services for the Blind, Minneapolis Rehabilitation Center, the Hennepin County Welfare, Pilot City Health Center, St. Paul Rehabilitation Center, Pilot Center Rehabilitation Program, St. Paul Vocational-Technical School, Ramsey County Welfare, and many others.

MMSC has been responsive to the need for change in higher education. The philosophy and operational procedures articulated incontestably warrant expansion in other academic institutions. The development of viable relationships between colleges and universities and rehabilitation facilities

are in desperate need of what John Gardner refers to as "self-renewal." We cannot afford to maintain and perpetuate the barriers hindering cooperation, but must create an atmosphere of open communication and involvement in preparing rehabilitation facility personnel. Otherwise, our commitment to the needs of increasing numbers and new clientele will become a reservoir of meaningless rhetoric.

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

The University View: A Progressive Approach

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To put this in proper prespective, first I shall describe briefly the Rehabilitation Education Programs at Penn State and the constraints and opportunities which characterize our situation.

At Penn State we are not in an urban area, but are situated in so-called "Happy Valley" in central Pennsylvania. Rehabilitation facilities of substantial size can be reached only by miles of mountain driving or uncertain air travel, resulting in the development of a particular pattern of university-agency relationships.

Although it has been said that education should become essentially synonymous with life itself, at Penn State we take thousands of young Pennsylvanians away from ordinary community life and create an isolated and protected environment. Here the geographic facts highlight the problem, but often this isolation exists also in places where invisible boundaries effectively separate the campus from the masses of humanity struggling with life's problems.

Rehabilitation education programs at Penn State cover a time span of approximately seven academic years. They include articulated undergraduate, master's and doctoral offerings, with 350 students spread across the three levels. The undergraduate program is basically generalist, preparing undergraduates for the broad field of rehabilitation and social services, with a focus on rehabilitation at the upper division level.

About half of the undergraduates seek terminal employment and about half continue for graduate study in some area of the rehabilitation and social services. Terminal employment includes rehabilitation case manager (called counselor trainee in Pennsylvania), social caseworker, employment interviewer, rehabilitation research assistant, therapeutic activities worker (mental hospital), industrial therapist, occupational therapist, psychological assistant, probation officer, workshop administrator, training supervisor, youth worker, and vocational evaluator. Those who continue for graduate or specialized study are found in rehabilitation counseling, social work, psychology, physical therapy, speech pathology and audiology, rehabilitation administration, vocational evaluation, medicine, etc.

This discussion will be limited to our approach to the preparation of rehabilitation counselors. Ideally, though rarely, we may have admitted the prospective counselor as a freshman. During his freshman and sophomore years he is provided a very general (liberal) education which includes philosophy, communications, mathematics, the arts, bases of biological health, psychology and sociology. At the upper division level he continues his pursuit of the general studies of man as a physical, psychological and social being and is also required to take certain basic courses in the field of rehabilitation.

At the beginning of the senior year when the student has one more year of course work at the undergraduate level plus 1 1/2 more years of course work, practicum and field work at the graduate level, he is assigned to field experience in some setting in Pennsylvania in which there is a vocational habilitation, rehabilitation, and/or placement focus. It may be a district office of the Bureau of Vocational Rehabilitation or the Bureau of the Visually and Physically Impaired, a State mental hospital or institution for the mentally retarded with a vocational unit, an office of the Bureau of Employment Security, a sheltered workshop or rehabilitation center, or any agency or facility which can provide experience with the desired vocational orientation.

We have been rather amazed at the eagerness with which undergraduates look forward to their field experience and equally amazed and pleased at the willingness of overworked facilities to accept these young students and to provide them with the supervision needed to make their experience worthwhile. At this point some students self-select themselves out of the program or elect another professional goal. For others their ultimate goal is confirmed and they are motivated to concentrated effort. However, the student is not permitted to schedule counseling courses per se until he is admitted to the graduate program. Although there are good reasons for reserving the preparation of counselors to the graduate level many functions performed traditionally by rehabilitation counselors can and ought to be performed by persons with different and less preparation.

We have enriched our instructional program and cemented facility-university relationships by inviting some forty representatives of agencies and facilities to participate in the on-campus instructional program by lecturing, leading class discussions, and presenting demonstrations.

At the graduate level we have developed another approach to providing off-campus experiences. Some thirteen years ago, we entered into negotiations with the Bureau of Vocational Rehabilitation for the development of a rehabilitation counselor training unit at the Pennsylvania Rehabilitation Center at Johnstown. This comprehensive center serves nearly 600 clients having a wide range of disabilities usually more severe in nature.

The center provides office, classroom, and practicum facilities, and makes the client population generally available for practicum experiences. The university provides a full-time faculty member and a secretary. All graduate students who have not had comparable experiences are scheduled for a term at the center. (The Pennsylvania State University schedules four 10 - weeks terms in each school year.) Here, in the fourth term of their graduate studies, they are provided a combination of course work and supervised practice which complement each other. About half of a student's time is spent in an intensive practicum involving both the counseling and vocational evaluation units at the center. Although professional counseling staff at the center retain ultimate responsibility for each case, client contacts are largely delegated to the students.

The university staff member relieves the center counseling staff of much of the teaching responsibility which generally devolves on agency personnel in the traditional internship approach, as well as counseling the counselors-in-training with regard to their caseloads. He also holds seminars with the students where there is opportunity for group discussion. The university library has provided a collection of books on counseling theory, methods, and related areas, and allocates funds for the renewal of subscriptions to professional publications and the addition of new books each year.

A course titled "Contributions of Professional Personnel to the Rehabilitation Process," with most of the lectures and demonstrations provided by the wide range of professional personnel representing essentially all departments at the center, is offered the students. There are also opportunities to visit each department and to become involved at an elementary level in departmental activities where possible. Thus, concurrently with the development of evaluation and counseling skills the students are given an exposure to physical therapy, occupational therapy, physical medicine, rehabilitation nursing, speech and hearing therapy, prosthetics and orthotics, psychiatry and psychology, recreation therapy, chaplaincy, housing and food services, administration and supervision; and education and training in business, vocational, technical, and service areas. The center has a strong vocational orientation, with some fifty different courses offered.

Since there is a full-time faculty member in-residence full credit is granted for the calendar unit during which the students are at the center. At present nine students per term are assigned to the center.

For their fifth term, graduate students are assigned to a more conventional internship in a variety of facility settings, supervised almost entirely by agency personnel with only occasional visits by university faculty. Our University Senate will approve only approximately 2/3

credit for this experience. Our students who complete programs for both bachelor's and master's degrees are involved in off-campus experiences for a total of one academic year.

At this point I would like to indulge in a bit of day-dreaming. Realizing that most of the possibilities to be described have been tried at one or another time or place I am simply suggesting that for demonstration purposes a single comprehensive effort be made. I would like to see a large comprehensive center join forces with a major university, take some cues from medical teaching hospitals, and turn the center into a teaching center with its three major purposes service to the disabled, teaching and research.

A substantial portion of the staff might be so selected on the basis of interests, experiences, and academic qualifications as to be given joint university-center appointments; some might hold academic and research appointments only; and some might hold professional facility appointments only -- but all would be committed in appropriate ways to the tri-dimensional purposes of the teaching center - service, teaching, and research. In addition to faculty-staff representing the rehabilitation professions and disciplines I would want to see professors of economics, history, political science, English, literature, etc., etc., at least available if not in residence.

Dormitory space for upper division undergraduate students, and graduate students, would be added as an integral part of the physical plant and classroom and office space would be provided. Students transferring to such a teaching center might be interested in diverse professional areas such as rehabilitation case management, rehabilitation counseling, vocational psychometry, vocational evaluation, facility administration, speech therapy, physical therapy, occupational therapy, recreation therapy, vocational - technical education, adult elementary education, business education, home economics for the disabled, etc.

On transfer to the center students would be immediately assigned client contacts, to be continued at an increasingly sophisticated level throughout their academic careers. All students would take common courses in the biological and behavioral sciences as well as courses more specific to their area of interest. Maximum use would be made of the center as a laboratory for these courses to be taught in appropriate departments within the facility.

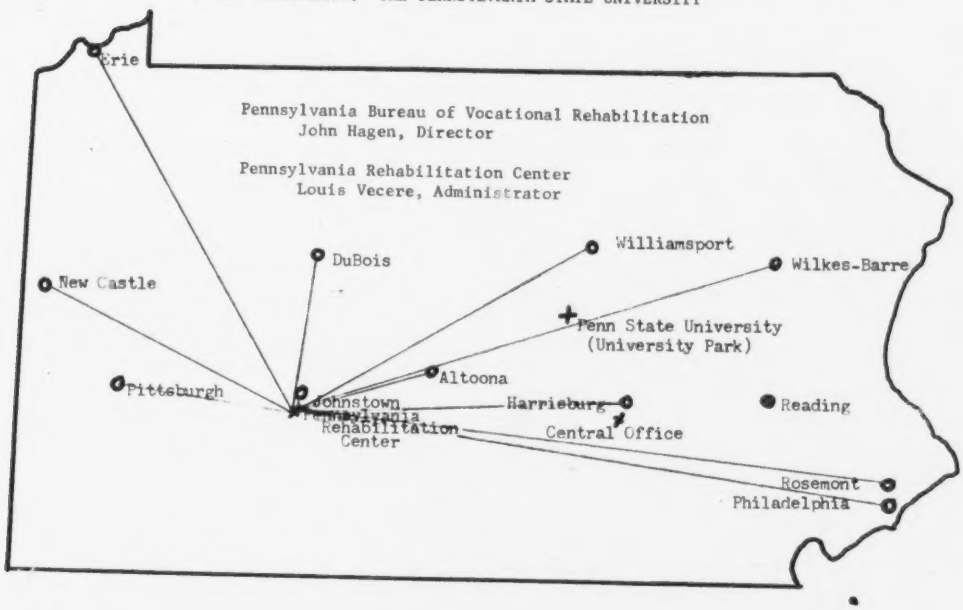
All students would be required to continue their general education in addition to that suggested as core and specific content. Substantial library working collections might be maintained for the use of students, teachers, researchers and professionals.

There are a variety of ways in which administrative details and funding of such a teaching center might be handled. It is even possible that

such a teaching center might become a degree granting institution in and of itself (The Pennsylvania State University Medical School has its self-contained teaching hospital!). It is doubtful that under careful administration the costs of operating an educational program in this manner would be greater than in a more conventional approach.

There are an infinite number of variations which might be developed within this suggested pattern of services, teaching and research. It would seem that the escalating needs for the disabled and disadvantaged require that we explore and exploit every avenue that bids to increase the quality as well as the quantity of rehabilitation manpower.

REHABILITATION EDUCATION AND REHABILITATION COUNSELOR EDUCATION
FIELD PLACEMENTS: THE PENNSYLVANIA STATE UNIVERSITY



A listing of agencies and facilities available for field placements follows. Some of these have been used exclusively for the placement of graduate students and are designated (G), others are available for use of undergraduates (U) or both (U - G).

1. (G) Allentown State Hospital, Allentown, PA.
2. (U) Bucks County Association for the Blind, Newton, PA.
3. (U) Bucks County Association for Retarded Children, Doylestown, PA.
4. (G) Community Treatment Center, Harrisburg, PA.
5. (G) Devereau Foundations, Devon, PA.
6. (U) Eastern State School and Hospital, Penrose, PA.
7. (U) Elizabeth Barber School, Erie, PA.
8. (U - G) Elwyn Schools, Media,PA.
9. (U) Employment Neighborhood Counseling Opportunities, Altoona, PA.
10. (U) Fayette County Mental Health - Mental Retardation Clinics, Inc., Uniontown, PA.
11. (U - G) Harrisburg State Hospital, Harrisburg, PA.
12. (U) Haverford State Hospital, Haverford, PA.
13. (G) Hollidaysburg State Hospital, Hollidaysburg, PA.
14. (G) Home for Crippled Children, Pittsburgh, PA.
15. (G) Horizon House, Philadelphia, PA.
16. (G) Huntingdon Correctional Institute, Huntingdon, PA.
17. (G) Jewish Employment and Vocational Service, Philadelphia, PA.
18. (U - G) Laurelton State School and Hospital, Laurelton, PA.
19. (G) Mental Health - Mental Retardation Center, Pittsburgh, PA.
20. (G) Occupational Services, Inc., Chambersburg, PA.
21. (U) Opportunities Industrialized Center, Inc., Philadelphia, PA.
22. (U) Northern Communities Mental Health - Mental Retardation (McClure House), Pittsburgh, PA.
23. (U - G) Northern Communities Memtal Health - Mental Retartdation (Immanuel House),Pittsburgh,PA.
24. (U) North Hills Opportunity Center for Adults, Pittsburgh, PA.
25. (U) Pennsylvania Board of Probation & Parole, Allentown, PA.
26. (U) Pennsylvania Bureau of Employment Security, Uniontown, PA.
27. (U) Pennsylvania Bureau of Employment Security, State College, PA.
28. (U) Pennsylvania Bureau of Employment Security, State College, PA.
29. (G) Pennsylvania Rehabilitation Center, Johnstown, PA.
30. Pennsylvania Bureau of Vocational Rehabil tion District Offices:

(U - G) Altoona	(G) DuBois	(G) Erie
(G) Johnstown	(U - G) Harrisburg	(G) New Castle
(G) Philadelphia	(G) Pittsburgh	(U - G) Reading
(G) Rosemont	(G) Wilkes-Barre	(G) Williamsport

31. Pennsylvania Office for the Visually and Physically Impaired:

(G) Altoona	(G) Harrisburg	(G) Pittsburgh
(G) Erie	(G) Wilkes-Barre	

32. (G) Ridgeway Area Psychiatric Center, Ridgeway, PA.
33. (G) Rockview Correctional Institution, Bellefonte, PA.
34. (U) Skills Incorporated of Central Pennsylvania, Lewistown, PA.
35. (U) Skills Incorporated of Central Pennsylvania, Huntingdon, PA.
36. (U - G) Skills Incorporated of Central Pennsylvania, Bellefonte, PA.
37. (U) Stairways, Erie, PA.
38. (U - G) Tra nsitional Services, Inc., Pittsburgh, PA.
39. (U - G) United Rehabilitation Services, Hazleton, PA.
40. (G) Vocational Rehabilitation Center, Pittsburgh, PA.
41. (G) Whitehaven State School and Hospital, Whitehaven, PA.
42. (G) Williamsport Area Community College (Diagnostic Program), Williamsport, PA.
43. (U) Woodville State School and Hospital, Woodville, PA.
44. (G) Youth Opportunity Center, Scranton, PA.

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

The Rehabilitation Facility View: A Cooperative Approach

By Leonard Weitzman
Executive Director
Vocational Rehabilitation Center of
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These is a growing realization that "hard" services may be the most effective way of rehabilitating disabled and disadvantaged persons, and that a rehabilitation facility is the place where such services best can be provided. Since the capability of the staff is one of the major assets contributing to a facility's performance effectiveness, it then becomes increasingly important that a way be found to make rehabilitation facilities an integral part of the personnel training system.

To meet the projected need for the increasing numbers of handicapped people to be served in the future, it has been stated by the Rehabilitation Services Administration that (1) current facilities will have to be expanded, and (2) there will need to be a greater number of facilities developed. A study by the Region II Rehabilitation Research Institute at Cornell reveals that there are now almost three times more people employed in rehabilitation facilities than by all the State vocational rehabilitation agencies. This means that more of the personnel completing the various rehabilitation training programs can expect to become employed in a facility of one type or another. Hence, the following rhetorical questions may be asked: "How well can our present university-based program prepare people for a service role in facilities? How can those to be employed in State agencies acquire a better understanding of facility operations?"

"Heads I win - tails you lose," fairly well describes the one-sided relationship that has historically existed between universities and rehabilitation facilities in training personnel for rehabilitation in general, and for facilities in particular. True, the universities have conceded that there is value in using a facility for a practicum or an internship experience. Besides, it is a good place for a student to spend a semester; this takes some of the pressure off of the university's faculty. It is also a fact that many universities have Advisory Committees on which facility personnel are generally represented. I submit that this might be more "show" than for any impact it may have on the curriculum. It does make good reading in an application for funding to show the involvement of the rehabilitation community at large in the affairs of a university training program.

While there may be a few exceptions, particularly with some of the newly established urban universities, or for those who have accepted the responsibility of specific training of rehabilitation facility personnel, the basic fact remains that the universities generally have not accepted a peer relationship with anyone, let alone a rehabilitation facility. Therefore, is it possible for them to enter into any kind of an equal partnership relationship in the training of rehabilitation personnel unless extreme leverage is applied by their funding source? It will take an unusually high degree of commitment by the Federal agency to the principle of the sharing of training responsibility that would make continued financial support dependent upon a co-equal professional relationship being developed with facilities, accompanied by an appropriate cooperative financial arrangement.

I seriously question whether the Federal government will take such a position and do not believe that an equal partnership can be accomplished. Perhaps the unusually high esteem with which the general public views physicians, bordering on reverence, can be equated with similar piety paid to institutions of higher learning. This placing of universities upon a pedestal that is unassailable is undoubtedly shared by both the funding source and the rehabilitation facility. This is so, even though this "pedestal" may actually be a program for training rehabilitation personnel located in a basement, an unused building, or a discarded garage somewhere on campus. The truth is that the size and general prestige of the university makes it a formidable entity that doesn't have to share its educational role with a "get your hands dirty" type of organization such as a rehabilitation facility.

I suggest that the only way to give facilities a role in the training of personnel will be to provide direct funding to the facility. In this way, the facility will have its own representative who can deal on a peer level with the coordinator at the university. In addition, the facility is not restricted to dealing with a single university and can develop training relationships with other educational institutions as well as setting up specialized workshops and institutes for personnel in the field.

I do think that, under such an approach, it may be possible to establish an appropriate linkage between the university and a facility, and, with government intervention, this could possibly develop into an open two-way relationship. This may provide a means for curriculum input by the facility representative and for the university to relate to the facility's training activities. More specifically, the university's field placement programs should more effectively utilize the facility as a meaningful resource, while the university could be better utilized for in-service training and educational upgrading of the staff of the rehabilitation facility.

The placement of students for field work training has probably been one of the more accepted ways for universities to use facilities. Some years ago I attempted to organize the rehabilitation agencies in our community that were providing field placements for students, since it was my feeling that the agencies should have been deriving greater benefit in return for the cost of supervising these students. I was unsuccessful in my efforts because facility directors were so pleased with the idea of university affiliation, and also didn't want to "rock the boat."

It should be recognized, in all fairness, that many facilities do view students as a means of making up for a lack of staff. While this can be a perversion of the purpose of a field work experience, if carried to an extreme, no doubt students do perform a service. Of course, we are all familiar with the other fringe benefits that having students can bring; as an aid to staff recruitment, having students ask refreshing questions about a traditional service, serving as catalysts for change, etc. However, in my opinion, for all these positives there is not full compensation for the time and effort necessary to provide a meaningful experience as a continuation of professional training.

Whenever I am told by university representatives that it is my "professional responsibility" to accept field work students, I always ask what they do when the student can't pay the tuition. We all know the answer to that; no one is carried free of charge. Which leads me in turn to ask the university faculty: "What is <u>your</u> professional responsibility?" They never seem to understand the thrust of my question.

After my coalition effort failed, it took many years for our agency to work out an arrangement with our local university, which is unique, and may be a beginning toward achieving the cooperating objectives to which I have previously alluded. The total of all credits earned by students assigned to our center are placed in a credit bank at the university. Any member of our staff can be designated to take courses in any department at the university for which credits will be withdrawn from our account. This means that even supporting personnel at our facility, who do not qualify as supervisors, can matriculate at the university and be helped to attain an undergraduate degree and thus be upgraded at our agency. In addition, the staff members assigned as supervisors for the students receive a cash honorarium which is placed in a special account to be used for any staff person desiring to enroll in another university.

Recently, I have had conversations with the Regional representatives of the Social and Rehabilitation Service on many of the matters enumerated in this presentation and there has been receptivity. As a result, an application has been submitted for the financial support of a full time trainer at our Center. If funded, this staff person will

coordinate university field placements at our facility, work cooperatively with our Regional rehabilitation facilities training program, and develop both short and long term training institutes in a number of relevant areas. We also are planning to work cooperatively with a local college, which has an undergraduate Rehabilitation Education Services Program, in the hope that we might be able to crystallize specific vocational roles for their students when they graduate.

With the increases projected in the years ahead for the number of persons needing rehabilitation services; with the passage of the Rehabilitation Act of 1972, which emphasizes that need for increasing the function of severely disabled persons; and with other disabled people who will be referred for service under new legislation, it becomes apparent that training experiences will be necessary in as many situations as possible, particularly on the "firing line" offered by the rehabilitation facility. Only in this way will we have the trained manpower to effectively accomplish the job. It is my hope that the traditional professional educational model may be re-conceptionalized, and the rehabilitation facility given a primary role in the years to come.

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

In-Service Training: The Alabama View

I. The Goals

By Richard J. Baker
Rehabilitation Services Education
Auburn University
Auburn, Alabama

In 1969 the Alabama Department of Vocational Rehabilitation in cooperation with the Auburn University Rehabilitation Services Education staff applied the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) and some additional standards related to services developed by the Auburn staff to all rehabilitation facilities in Alabama. The purpose for conducting this statewide "mock" accreditation was (1) to determine how close facilities in Alabama were to being ready for CARF accreditation and, (2) to determine areas of deficiencies in relation to CARF standards and ways to help correct these deficiencies. Many of the deficiencies found were directly or indirectly related to problems in administration and delivery of services to clients and pinpointed the need for the development of inservice training for administrators, evaluators and adjustment staff. In an attempt to assure that facility staff would be involved in the planning of inservice training activities the following steps were taken:

1. Facility administrators and their State rehabilitation agency liaison counselors were brought together in small groups to plan specific program objectives they would like to see implemented in their facilities.

2. After specific objectives were planned on a facility basis, the service staffs from each respective facility were brought together and specific plans were made for the implementation of the objectives.

3. An intensive follow-up plan was initiated whereby the Auburn staff went into each facility and worked with appropriate staff to help assure the objectives were implemented. The number of follow-up visits to any individual facility was determined by the need of the facility staff for supportive assistance.

During the last year, 15 facility administrators, 14 liaison counselors and 34 other facility staff were involved in the program described above. In addition to efforts to improve facility rehabilitation services on an individual facility basis, activities also included a number of two-day workshops dealing with:

1. Cost accounting, contract bidding, contract procurement and job set up. These workshops were held in cooperation with the Industrial Engineering Department at Auburn University. Thirty-two facility administration and production staff participated in these sessions.

2. Effective communication and better utilization of staff conferences. Seventy-two staff from nine facilities were involved in these meetings.

3. More effective instructional and teaching techniques. More than 40 facility instructors and supervisors were involved in this training session.

Auburn staff involved in inservice training activities during the 1971-72 year also made some fifty-three follow-up trips to 14 facilities and spent over 700 hours with staff in these facilities. Almost 200 persons were involved in formal inservice training programs during the past year.

NEW DIMENSIONS IN TRAINING REHABILITATION FACILITY PERSONNEL

In-Service Training: The Alabama View

II. The Results and Future Plans

By Horace W. Sawyer
Rehabilitation Services Education
Auburn University
Auburn, Alabama

In general, we have found that vocational evaluators have needed assistance in better structuring their programs. Test batteries have been updated, utilizing more realistic and effective instruments. More appropriate evaluation reports have been developed reflecting more clearly what is going on with the client. In some settings, evaluation programs have been reorganized to place more emphasis on a specific approach to vocational assessment, depending on the type of clients, nature of services, and characteristics of the rehabilitation setting.

In adjustment services, the emphasis of inservice training has been on organizing adjustment into a more identifiable and effective service for clients and facility staff having major responsibilities for adjustment services. We have recognized a need to broaden the concept of adjustment services in rehabilitation facilities. Due to the changing nature of rehabilitation clients, an overall adjustment program must include not only work adjustment, but also personal and social aspects of adjustment services. Training in this area has focused on writing the adjustment plan, the format being to (a) specify the problem, (b) describe the problem behavior, (c) establish objectives directed toward behavior change, and (d) indicate the nature of the adjustment services. We have been successful in getting more adjustment staff to utilize media in their programs. Many of the facilities have initiated training groups or classes in various adjustment areas such as job readiness, interpersonal relationships, life adjustment, remedial education, etc.

During the past year, we have conducted training in cooperation with industrial engineers. This on-the-site training has resulted in more accurate contract procurement and in determining overall production cost.

The results of our inservice training have reflected a need to concentrate on communications between staff members in the facility; for example, in the staff conference. Also, we have concentrated on improving the working relationship between vocational rehabilitation agencies and rehabilitation facilities. Much of the difficulty seems to be in communica-

tion of reporting recommendations and dispositions regarding clients.

We have generally found that evaluation, adjustment, and sheltered workshop programs have to be individualized to each facility, which requires a great deal of planning and personal contact with facility staff.

The following reflect tentative plans for future inservice training:

(1) Approximately 800 persons are employed by facilities in Alabama, many of them at the instructor or work supervisor level, who have been neglected in terms of inservice training. During the next year, we will direct a great deal of training relating to (a) teaching vocational skills, (b) dealing with client behavior problems, (c) developing more efficient production techniques, and (d) use of audio-visual media, toward these employees.

(2) Training in the area of adjustment services is also greatly needed in most, if not all, facilities throughout the State. Since staff are now beginning to be hired with adjustment services as their main responsibility, this type of inservice training will receive a priority next year.

(3) Cost accounting procedures are needed for the future implementation of a realistic cost system for facilities and inservice training in this area has been requested by rehabilitation facilities administrators.

(4) An effort will be made to develop videotaped models related to staff conferences, initial interviews, client training, evaluation techniques, and techniques of behavior change, to be used in inservice training.

A large percentage of our training efforts will be directed toward short inservice sessions for small groups of facility staff. The following are some tentative short term workshops that have been planned:

(1) At least three production sessions for administrators and their production managers.

(2) Five more inservice training sessions on communications and the staff conference are being considered.

(3) Seven inservice training sessions for facility staff responsible for adjustment services, emphasizing use of group techniques and understanding group dynamics. Establishing and setting up adjustment service programs will also be discussed.

(4) Two state-wide training programs on facility safety, placing particular emphasis on implications of the Williams-Steiger Occupational Safety and Health Act of 1970.

(5) One-week refresher courses for evaluators are also being considered.

We feel that this offers the most realistic way of providing inservice training to the maximum number of rehabilitation facility personnel. Follow-up is conducted after training to offer assistance in implementing objectives established during training sesions.

APPENDIX

Summary : Small Group Discussion on the Training Role of Facilities

Presiding : William M. Usdane

Resources : George E. Ayers
Kenneth W. Hylbert
Leonard Weitzman

Present : Approximately 60 IARF Conference registrants, representing facilities, universities, State agencies, and RSA Regional and Central Offices.

Dr. Usdane urged facility personnel present to send in "rough ideas" on innovative training programs within facilities to the Division of Service Systems. Should an interval occur before response, a follow-up was suggested.

Most of those present seemed to agree with Mr. Weitzman's evaluation of the facility-university relationship. It was emphasized that these training programs should be "joint arrangements," because in the past facility personnel had been taken advantage of in being asked to provide training opportunities. An alternative to the "credit bank" set up by the Vocational Rehabilitation Center of Allegheny County could be the actual payments by universities to facility staff involved in training rehabilitation personnel.

In reaction to Dr. Hylbert's presentation, proposing a degree-granting facility, there was some feeling that perhaps university personnel (faculty members) were not flexible enough for participation in degree-granting programs that might be held in facilities.

It was felt also that the emphasis in facility involvement in degree granting programs should be at the undergraduate level.

In some university graduate training programs for rehabilitation counselors there is little effort to acquaint students with programs of rehabilitation facilities, the entire emphasis being on preparation for service as rehabilitation counselors in the State agency. This underlines the need for in-service training for facility personnel, to take place within facilities, with the facility as the agent for upgrading of staff. This in-service training for facility personnel to take place within facilities, could be handled through short-term training grants in cooperative university-facility arrangements. Small facilities could send personnel to larger facilities where these programs were available.

A suggestion was made that a pilot grant might involve how to work out the relationship between the facilities and universities - to establish guidelines on which such joint programs should be based.